

KC 19361408
SL 16996

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023728
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6286

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PERRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		c. CITY OR TOWN PERRYVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE VAH, 915 N GRAND AVE		d. STREET ADDRESS RT #3 BOX 186	
3. NAME OF DECEASED (Type or print) First Middle Last ED SCHNURR		4. DATE OF DEATH Month Day Year 6/19/58	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/19/92
9. AGE (In years last birthday) 66		10. F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	
11. BIRTHPLACE (City and state or country) BELGICNE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY SCHNURR		13b. MOTHER'S MAIDEN NAME FANNIE FRANKLIN	
14. NAME OF HUSBAND OR WIFE MAUDE SCHNURR		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if so, state branch, service, dates of service) YES WW I	
16. SOCIAL SECURITY NO. 497-10-1838		17. INFORMANT Address VAH, 915 N. GRAND AVE., ST LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic coma DUE TO (b) Obstruction jaundice DUE TO (c) Carcinoma of pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157x			INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS -
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK VA AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/12/58 to 6/19/58 and last saw her alive on 6/19/58 Death occurred at 3:35 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John T. DeWitt MD		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 6/19/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-23-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Chris. Koch + Son - 3516 E. 14		25. DATE RECD. BY LOCAL REG. JUN 20 1958	
26. REGISTRAR'S SIGNATURE J. C. Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gustav W. Fentz*

Licensed Embalmer No. *4329*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.